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Psycho-Sensory Insanity—Moral (Affective) Insanity.

(Continued from Last Number.)

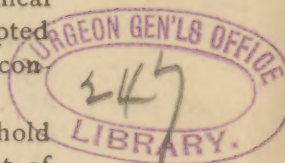
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EVEN the great Esquirol, whose unequalled portraiture of mental disease have alone made his work and name immortal, could not wholly resist the bias of his previous opinions, for while he recognized the clinical pictures of Pinel and Prichard as true to nature, he assumed the co-existence of *délire partielle*, while he employed the term *raisonnante* as applicable to the state of mental disorder we are considering. He thought there existed a partial delirium in these cases, though the mind was otherwise sound. It matters not what we may conjecture about the implication of the reasoning faculties. The real question is, What do we discern?

Esquirol was too good a psychiatric observer not to see in the corridors of Salpêtrière and Charenton, that the form of affective mental aberration now under consideration, without appreciable intellectual disease, was a clinical fact, so, like the faithful clinician that he was, he accepted the fact, and compromised with his prejudices by conjecturing the co-existence of *folie partielle*.

It matters not what mental reservation we may hold respecting the assumed unappreciable co-derangement of the intellect in moral insanity, so that we permit no cunning sophistry to obscure the real clinical picture of mental aberration. Let us accept the fact, as America's greatest alienist, now immortal, has penned it, and say with him that insanity of the affective faculties without appreciable intellectual disease is a *fact* of observation. It is the clinical feature of the disease that is of moment.



If our preconceptions of the unity of mind necessitate the *assumption* that if sound in one direction it must be sound in all, and compel us to associate with it an unseen intellectual aberration, it is of little consequence, unless we are thereby led to deny the existence as a clinical fact, of the form of insanity under consideration.

Mayo, like many others before him and since, accepted the dictum of Lord Brougham, that "If the mind is chronically unsound on one subject, it cannot be sound on any other subject," and on such an absurd assertion (as if we could know mind so intimately as to justify us in making of it a logical premise) he pronounced the doctrine of partial mental perversion a solecism. Whereas the illustrations among sane people of incomplete intellectual distortions, obliquities and strabismi, due to the vagaries of custom, the follies of fashion, or errors of education, overwhelmingly refute this assumed basis axiomatic truth, with which it has been proposed, and is still proposed, to abolish the doctrine of moral insanity.

To remove or get around this stumblingblock in the way of psychiatry, as some appear to see it, the term unsoundness of mind has been brought into requisition, but unsoundness of mind is a form of insanity, and it must be so conceded, when it is extended to include such cases as have been described as moral insanity.

It would extend this paper to a wearisome length to cite, ever so briefly, the many cases of real moral insanity which have been described as cases of mental unsoundness, moral imbecility, etc. We pick out, therefore, but one or two from Prichard's critic, whom we have been discussing. We need only read the clinical record which Mayo makes to discern the *possibility*, if not the *proof*, which he himself unconsciously presents, of the actual existence of the very form of insanity he is trying to reason out of existence. To concede these kinds and degrees of unsoundness of mind is to beg the question, for they are so near akin to the acknowledged and described forms of moral aberration that the possibility, if

not the actuality of moral insanity is established by them. They are indeed instances of insanity in its psycho-sensory as contradistinguished from its psycho-reflective or perverted intellect forms. If the moral sense, as Mayo concedes, can be lost through cerebral deficiency, it can be perverted by disease, for the congenital defect of one generation is often the sequel to cerebral disease in the generation that preceded it. It is the offspring of disease begun either in immediate or remote generations, and it is therefore of little force to use unsoundness and moral imbecility to explain away a disordered mental condition to which they are so closely allied, and which so often depends upon them. Conditions of moral insanity and imbecility, or unsoundness of mind, are often interchangeable states in the neuropathic heredity of families. Their morbid kinship is thus proven.

The following are some cases from Mayo, who thinks they represent "persons of whom neither insane delusion, nor incoherency, nor idiocy can be predicated," yet according to this author they "require precautions in reference to the management of property or person." This is a concession of the very fact of affective aberration against which he contended.

Let us examine them, and see how near they lead us to a recognition of moral insanity, and also to see how unconsciously inconsistent one may be who will not concede the existence of insanity without delusion, while he admits the existence of unsoundness without delusion or incoherency, sufficient to justify restraint in regard to person or property.

CASE I.—In the case of Mrs. Cummins, in 1852, one of the contending parties seemed to permit the question, whether the patient required coercion, or at least surveillance, to turn upon the question, whether she was or was not insane, either *eo nomine*, or under some synonym, ignoring the consideration, that without being insane, she might still conform to one of the descriptions affirmed in the medical certificate as implying such mental disease as the law intends to be inconsistent with free agency. Now, a candid perusal of the

testimony given in this case, with the fullest admission of its probable truthfulness from the respectability of the witnesses, may suggest the reasonableness of this compromise. On the one hand, there was neither false perception, nor incoherency, nor inconsecutiveness of thought, alleged of Mrs. Cummins. She saw no unreal objects; she heard no unreal voices; she indulged in no misconceptions, as to her property or position, which could be construed into an insane notional delusion. * * * *

On the other hand, it was in evidence, that she had, out of a moderate property, bequeathed £2,000 to her then solicitor, who showed his unfitness for that trust by, at another time, forcibly obstructing physicians appointed by the Lord Chancellor to examine into the actual state of her mind; that she had, by her screams, attracted policemen to a house in which she was residing of her own free will, but separated from her family, as if violence had been used, no such violence having been proved; that she was in a state of constant removal from place to place, so as to prevent her family from knowing where she was; and that her solicitors were constantly being changed by her. There was excessive and unexplained, or unsatisfactorily explained, hatred of her daughters, leading to an unreasonable accusation against one of them of an attempt to strangle her. With respect to these daughters, she avowed that they had that day been drinking at the bar of the Horns Tavern, of which no proof was adduced; that one of them, Mrs. Ince, was a prostitute, and that her husband had murdered three children. Equally extreme and unreasonable, as well as unfounded, opinions were entertained by Mrs. Cummins respecting the conduct of her aged husband.

CASE II.—This person, aged twenty-one, was the son of a very respectable farmer, well grown, and in good general health. When I saw him, he exhibited in his general appearance nothing noticeable, except a coarse and sullen expression of countenance. I learnt, from his relations and a family friend, whose testimony bore strong internal evidence of truth, that he had been a singular child, with obstinate fancies—such, for instance, as refusing to be dressed in the morning without some absurd condition being granted. By five years old, he was a confirmed liar, as well as a believer in his own marvelous assertions. By fourteen, he had run away from school, and was domesticated at

home, under careful, but ineffectual, surveillance. He would, I was told, at that time obtain, if he could, any article that struck his fancy, upon credit; then promptly throw it away, or give it without judgment. As an instance of defective intelligence, the following detail was quaintly given me: "He paid a visit to his grandfather, and during it, behaved remarkably well. But, then starting home on his pony, he went several miles in an opposite direction, and visited his old schoolmaster, to whom he told a false, but plausible tale, without any apparent purpose; thence to another town, equally without an object; there he did nothing but sit in an inn; then turning toward home, he was found in a lane crying, and brought back to his father's house, where he appears to have always been treated with great kindness, and no want of discretion. Of all the above freaks he gave no explanation. His conduct darkened as he became older; after turning into money other people's property as well as his own, he proceeded to forge cheques of his father, absconding with the cash. These matters having been arranged, he was sent on a voyage to Calcutta; and after having behaved well at first, dropped into a series of scrapes similar to the former. Subsequently he enlisted as a common soldier; then became a cabman, always rejoicing in the lowest company, but without indulging to excess in drink; habitually defrauding, when he could, his near relatives, and in his other conduct towards them equally remote from affectionateness when kindly treated, and from malignity when thwarted. No advice had, at any time, the slightest effect on him. The leading moral elements of this young man were a love of acquisition, and a love of change. His intellect was limited; and though his powers of acquiring knowledge were not obviously below par, it could by no means modify, direct, or restrain the above tendencies, in which task, it must be observed, his intellect was neither aided nor antagonized by any passion or affection.

CASE III.—Mrs. H., aged fifty, has for many years been subject to the condition which I will describe: Having a husband and daughter, both of them amiable, kind, and intelligent, she quarrels with both of them irritatingly, and with entire opposition to every scheme of life proposed for herself and them. But more than this. After she has been for some time resident in the same house with them—and apparently on that very account a cloud comes over her—she takes to her bed; her appetite and digestive

powers sink; and she becomes almost continually silent, and indifferent to everything. While this state lasts, every duty of life is neglected by her; she is utterly incapable of managing person or property, and yet never incoherent or inconsecutive in any remark that may be elicited from her, nor under the apparent influence of any morbid delusion. Out of this state she will emerge gradually, and in the course of weeks, into a more lively one. During this second stage, she will converse with much readiness, often very cleverly, sometimes with much ill-temper, and occasionally with the introduction of abusive terms and even indecent expressions, *her normal character being pure and correct, her intellect vigorous but paradoxical.* Out of this stage she gradually improves into her healthy state, provided her recovery is not anticipated by a reunion with her husband and daughter.

CASE IV.—On the 2nd of December, 1843, Thomas Rowe, a wine-cooper, aged seventy-six, was discharged from the service of Mr. Thomas Waller, a wine merchant, on the ground that his faculties had given way, and that he did not know what he was about. On the 2nd of October, Mr. Waller received from him a letter, requesting Mr. Waller to give the applicant some other work, or to help him to employment. On the 6th, Rowe called upon Mr. Waller. Being admitted, he ineffectually sought for employment, and again urged Mr. Waller to take him into his service, either in town or in the country. Mr. Waller declines this, and asserts, that Rowe must have actually saved enough to live upon. On another request for employment, reiterated by Rowe and negatived by Waller, Rowe draws a pistol from his pocket, fires it at him and wounds him, at a distance of two or three feet. He then draws another pistol, and observes to another person, who prevents him from using it, that “such a fellow as Mr. Waller is not fit to live”—an idea which he afterwards expressed again with equal force. Evidence was given on Rowe's trial, that latterly his faculties had much given way; that he frequently, in the last six months, “had seemed not to know what he was about, and had a giddiness in his head.” The usual averments, that the defendant did not know right from wrong, were made by the medical witnesses. The jury immediately acquitted the prisoner, as a lunatic. This elderly person, therefore, gained his

object, and was comfortably provided for the rest of his life.

It is difficult to see how some of the features of the preceding cases differ essentially from the following abstract of a case which Mayo takes from Esquirol's "*Maladies Mentales*" to elucidate that author's views:

Madame N., aged 23, a lady of the nervous temperament, having been subjected to some slight contrarieties, becomes excited. Being previously an attached wife and mother, she now neglects both her husband and child; neglects also the regulation of her house, in which she was previously exact; becomes impudent in her remarks, and even throws out charges against her husband in the presence of strangers. "A demon of mischief," says M. Esquirol, "seems to possess her; yet she is prompt and subtle in finding excuses, and can conduct herself so well in society as to baffle suspicions of unsoundness."

Yet he thinks the burden of proof rested with Esquirol, to show that this lady was not under delirium involving incoherency of thought, or false perception, or both.

This case is a fit case to go with Mayo's three cases just cited, or Mayo's three cases might be suitably classed with it. If delusion or delirium exists in this one, it exists in the three. It has to be assumed, to be placed in any of them, and the burden of proof falls on the party making the assumption. Morbid perversion of the affective life—a disorder of the feelings, impulses and passions, and changes of character, are apparent in these cases, and without the unreasonable bias which dominated Mayo, he would have seen in them the only point we are now insisting upon, viz., that insanity of mind may exist without appreciable intellectual aberration.

It must be apparent to the most casual reader that this writer has labored desperately to make a distinction without a material difference. And this is why he sought to category insanity of character under the head of unsoundness of mind; to get rid of the obnoxious term moral insanity.

Let us now reproduce for comparison a few of Prichard's illustrations, to see what the author of the term really meant by moral insanity.

We quote one case at length from Prichard in this connection. Later on we will give some in brief from Blandford's analysis :

Mrs. —, aged thirty, the wife of a cloth-worker, is employed, when equal to her work, in a department of the same business. She appears to be in good general health, and is reported to have always enjoyed it. She is the mother of eight children, is in comfortable circumstances, was always industrious and careful, took much pleasure in her domestic duties, and was fond of her husband and children. Her friends report her to have had naturally a bad temper, over which she never exerted any control; and they add that its too frequent indulgence, to the great annoyance of her husband's peace, has on some occasions suggested remedies not the most mild. She appears to have given way to the most violent paroxysms of passion, followed by a morose and unyielding sullenness. About twelve months ago a change was observed in her habits; she took less interest in her domestic concerns, neglected her children, abused her husband, and evinced the greatest hatred of him. Shortly after this change appeared, she quitted her husband's house and went to lodge with a neighbor. Here her habits were so disagreeable, and her disposition so dissatisfied, that she soon received a dismissal. She then resided with her sister, who parted with her on like terms; and many others received her and removed her from them for similar reasons. She at length obtained admission to the parish workhouse, where she found herself treated as people usually are treated in that hospital of idleness, and she made return for such attention and accommodation as she had received by breaking the windows and the crockery of the poor inmates. She escaped the punishment threatened her for this by seeking refuge in her husband's house, when she returned the kindness he had shown in receiving and protecting her by destroying all of his that was frangible. She had previously discovered a small sum of money, his occasional savings, which she spared him the trouble of expending, by giving away a part and throwing away the remainder. Her husband then consigned her to the lunatic asylum, and I have her under my care.

Her leading desire is to lie in bed, where, if I would allow her to remain, she would stay the whole week. She frequently refuses her food. When up, if no notice is taken of her, and no inquiries made of her as to her health and feelings, she will conduct herself with propriety for some days. Sometimes, however, she will roll on the ground and indulge in the most violent screams and exclamations without apparent cause or object, and then return to whatever occupation she had been previously engaged in. If requested to do any kind of work, she declares her incapability, from weakness, pain, or some other cause, and in a few minutes sets about some other employment requiring greater exertion. When addressed by me in my usual visits to the wards, she throws herself into a violent rage, and without replying to my inquiries, falls suddenly to the ground as though she had fainted, or she rolls herself as before mentioned, and screams, or she seats herself and cries and sighs as if in the greatest distress; but if I enter into conversation with another patient on any subject with which she is familiar, as the localities of her neighborhood, the clothing business, or such matters, and take an opportunity to address a question for reply, she joins in the conversation with the full command of her intellect. As a disagreeable and unmanageable patient, without actual violence, she exceeds most with whom I have met. Her mind appears totally unaffected as to its understanding portion, but in the moral part completely perverted.

We quote now from Dr. Hitch's cases, as quoted by Prichard, with Blandford's synopsis and opinion of them, *vide* pp. 316, 317 and 318:

CASE I.—“Dr. Hitch's third is an excellent illustration of intermittent dipsomania. At times the gentleman is in habits most abstemious; he never drinks anything stronger than beer, and frequently tastes water only for weeks together. Then comes on a thirst for ardent spirits, and a fondness for low society. He drinks in a pot-house till he can drink no more, or get no more to drink, falls asleep for from twenty to thirty hours, awakes to the horrors of his situation, and is the humblest of the meek for several weeks. In about three months the same thing occurs. This form, deserves the name of moral insanity, or rather, of impulsive insanity, more than any of the foregoing, and must be studied in connection with the propensity to drink.”

CASE II.—“This patient serves as a good example of what may be called moral insanity, if the term is to be used at all. He had been the inmate of several asylums, but his early history is not given. No delusions were ascertainable; but he enjoyed in a high degree the art of lying and the pleasure of boasting. The former was applied to the production of mischief and disturbance. He was an adept at stealing, and hoarded and secreted in his clothes and bedding, articles of all kinds; yet he possessed many good qualities, would be kind and useful in the gallery, and corrected obscene or impious language in others.

“His judgment was quick and correct; he had quick perception, strong memory, and great discretion in matters of business. His madness appeared to me to consist in part *in a morbid love of being noticed*. He is now at large, and has been in the management of his affairs for three years, in which time he has sold an estate advantageously, and conducted his business with profit.”

CASE III.—“The next patient,” he says, “also deserves to be called morally insane. Always of a bad temper, she gradually gave way to paroxysms of passion, followed by a morose and unyielding sullenness. A change came over her; she neglected her children, and abused her husband; she smashed all the windows in her own house and the work-house, and then was sent to an asylum, where she would constantly remain in bed if allowed, or suddenly roll on the ground and scream if questioned, or cry and sigh as if in the greatest distress. ‘As a disagreeable and unmanageable patient, without actual violence, she exceeds most with whom I have met. Her mind appears totally unaffected as to its understanding portion, but in the moral part completely perverted.’ This case is a very good instance of insanity without delusions, shown, as in the last patient, by outrageous conduct wholly irreconcilable with reason.”

CASE IV.—“The same,” he thinks, “may be said of No. 6, a man who by many might be called bad rather than mad. I found him one of the most mischievous of beings; his constant delight was in creating disorder to effect what he called ‘fun;’ but he had no *motive*, no *impression* on his mind, which induced him to this conduct; he was merely impelled by his immediate feelings. In his state of health I found nothing wrong, except that he did not sleep.”

These persons possessed the power of reasoning, though they did not use it to restrain the display of their erratic impulses, or to suppress their morbid feelings.

But if the fact that the reason is not used to govern actions and feelings, as it might or ought to be used in all well regulated human beings, who are supposed to cultivate and regard the moral and social proprieties, is to be considered the essential evidence of insanity, how many lunatics and how few sane people must there be in the world? Such reasoning would make all unreasonable beings madmen. Of such a proposition it might with reason be said—there is no reason in it.

If all human conduct, not reconcilable with the proper use of reason, be set down as insanity, and the reason therefore regarded as diseased, and we need no longer go into the insane asylums in search of the most of the world's insane people.

In pronouncing these cases irreconcilable with reason (though the reason, if tested by itself, dis severed from conduct, cannot be found in them to be defective), Blandford pays tribute to the clinical fact for which we are contending, viz., that moral insanity is prominently, primarily and chiefly insanity of feeling and conduct, in which the reasoning powers are secondarily influenced, without essentially, and often without perceptibly, disordering the logical powers, any more than the reason is marred or biased in states of perfect sanity, when passion or prejudice, fashion or folly, influence it.

Blandford, like the true clinician he is, while he cannot, like many others, divest himself of his theory in viewing this question, recognizes the clinical picture as painted by the masters before him, as true to nature. He only thinks he discerns more than the original artist saw, in the painting. He sees in the back-ground a lesion of intelligence, which, to be consistent, he separates from the reason. He recognizes forms of moral aberration in the aged, under the term senile insanity.

Sheppard, too, finds cases of moral insanity (so called)

under the form of impulsive insanity and masked epilepsy.

When "the central neurine battery is thus at fault," as he would say, he finds no difficulty in recognizing the form of insanity we are discussing, only the *name* is different, and this we find as we run through the writings of those who object to recognizing moral insanity, whether among the English, or German or French writers, to be the chief bugbear to its recognition.

Clouston and Dixon, likewise, find true pictures of the form of mental alienation we are considering, in it strictly immoral forms, and discuss it, so far as they go, clearly enough, under the idea that it is only the insanity of immorality. Savage takes a somewhat broader view. While Spitzka narrows it to congenital conditions.

But all who recognize insanity in its impulsive forms, must, to be logical, become converts to the doctrine of psychosensory or moral insanity, because "the feelings," as Maudsley observes, "mirror the real nature of the individual; it is from their depths that the impulses to action spring."

When the affective life is perverted by disease of the brain, the manner of the individual's response to external impressions is changed and unnatural, "the springs of his action are disordered and the intellect ('in grave cases') is unable to control the morbid manifestations; just as, when there is disease of the spinal cord, there may be convulsive movement, of which there is consciousness, but which the will cannot restrain."

"Fixing their attention too much upon the impulsive act of violence to the neglect of the fundamental perversion of the feelings, which really exists, many writers appear to have increased the confusion and uncertainty which unfortunately prevail in regard to these obscure varieties of mental disorder."

Here is a painter whose picture of pathological states represents the mind morbid as he saw it, rather than as he might have permitted himself to think it ought to be. It is not strange that his delineations of the various shades of mental aberration should be so truthful.

Now, if we pass from the study of mind deranged by disease, to the study of mind rational, and by introspection scan it, we do but confirm the truth of the picture in the revelations of self-conscious observation. It is *feeling* that is touched first, in most, if not in all minds, and to the aroused feelings the reason is more or less subservient in all, and in some minds it is an abject slave.

The more we look at this subject, divested of the bias of preconception as to the imaginary nature of mind and ideal definitions of insanity, the more we become convinced of the truth of the affirmation of Bucknill, ratified by Tuke, that Dr. Prichard's classification was "thoroughly psychological in principle," and because of this fact it will stand the test of time against every assault. Instead of being a pernicious doctrine, it has been a salutary one, in that it has set mankind to thinking less speculatively upon the real nature of mind, revealing its nature more accurately to those who will be led by pathological truth, instead of seeking to shape it by preformed ideal boundaries.

The lens of experience widens our view, as we extend our researches in mental pathology, while more and more of the domain of the once *terra incognita*, becomes plainly recognizable.

Once *delusion* or incoherence was the boundary which separated the *mens sana* from the *mens non sana*; later it was the *reason*; now, with some, it is the *intelligence*; but the true psychiatric clinician, whose views widen with the growth of knowledge in mental pathology, discerns mental disease as well in morbid feelings influencing the character as in those wrong perceptions of the special senses which are called hallucinations and delusions, and which may pervert or delude the reason.

The scope of insanity widens as he grows more and more familiar with its multiform phases and as he recognizes delusive feelings, which change the character, as well as delusive sense perceptions accomplishing the same morbid results, he defines insanity to be a

departure from the normal habits of *feeling* or *action* as well as thought, and thus justly includes the affective, or psycho-sensory aberrations, in his comprehensive definition.

A careful survey of the field reveals the fact that while man has sought out many inventions in the form of word coinages, to designate different varieties of moral or psycho-sensory as contradistinguished from psycho-reflective insanity, and endeavored to supplant the disease by supplementing new names, the clinical fact, with all the peculiar symptomatic expressions recognized by the older masters in psychiatry, still remains. Names have been multiplied and distinctive phases of affective aberration have been differentiated, but the differentiations are only confirmations of the grand fact that insanity may exist without the reasoning power being appreciably deranged.

Every writer on mental diseases, for instance, admits the existence of homicidal mania without appreciable delusion. But when an insane impulse to destroy, based on feeling instead of a morbid conception, overpowers the will, it is readily enough recognized as mental disease, unless we should be so unfortunate as to suggest the term moral insanity for it. Yet Prichard so classed it. "The principal consideration," he said, "in which the subject of moral insanity is important in criminal jurisprudence is that of insane propension to such acts of violence;" and, in his general observations on homicidal madness, after referring to delusional homicidal insanity, he cites Marc's historical cases, in which is included the case of the servant in the family of Baron Humboldt, remarking of them, "the facts display, as the author (Marc) observes, a contest in the mind of the individual between the *instinctive desire which constitutes the whole manifestation of disease* and the judgment of the understanding still unaffected and struggling against it."

Other cases are detailed in illustration of the connection of homicidal impulse with bodily disease; and another section of his work is devoted to "some remarkable cases exemplifying homicidal madness and the character of moral insanity."

We have quoted thus much from Prichard because, notwithstanding he was an English writer, his views appear to have been obscured or misunderstood by many subsequent writers, who have contradicted his doctrine; and it is well to review at this time, when foundations in pathology are being so carefully examined, the basis pathological condition on which the superstructure of moral or affective insanity is erected. These illustrations from the founder of the doctrine show moral insanity to be deeply laid in perversions of feeling and conduct consequent thereon, rather than in perversion of the reasoning power, and the morbid derangement of feeling may more or less influence the reason, just as feeling in the rational mind may and does sway the reasoning powers; just as feeling unconsciously sways the reason of those who seek to reason moral insanity out of existence. They feel that their minds act as a unit—their reason and feelings go together; therefore all minds, whether diseased or not, must so act harmoniously, or they feel that for some consideration of policy or public safety such a form of insanity ought not to be recognized; therefore it cannot be, as a fact, in mental philosophy.

Cases of psycho-sensory aberration, or moral insanity, have come under our own personal observation, and were sufficiently long and closely observed to enable us to determine whether intellectual derangement preceded or co-existed with the disordered state of the feelings and impulses. They will be recorded later. We have chosen the term psycho-sensory insanity because moral insanity is essentially, primarily and chiefly, an insanity of feeling; and if the term psycho-sensory insanity shall serve to obtain for the clinical fact a recognition in the minds of some who may still be biased against the term moral insanity, we shall be happy if the coining of a new name shall serve to keep the light of truth on an old fact in clinical psychiatry.

Old names, like many good but old garments, get out of style, and in casting the garment aside because it is no longer in the fashion, we are apt to forget, under the wearing

of the new-styled apparel, how really good and useful the old garment was. The old coat may have fitted us even better than the new, and when, in the world of fashion, the whirligig of time brings us round to the old-time style again, we sometimes exclaim of the cast-off garment, "How comfortable! how appropriate! how much better than the new!" So it is, and so it will be, in regard to the insanity of the affective mental life, termed moral insanity. The vesture fits the facts and special pathological form it was made to cover, and the form of disease itself exists. We may cover it with new garments of many names, varied to suit the changing caprice of fashion in psychiatric nomenclature, and we may thus slightly change its appearance, but we can never so transform the figure that the true expert will fail to recognize it.

The lucid insanity of Trelat, the moral disorganizations of Grohman, the *manie sans délire* of Pinel, Georget and Esquirol, and the ganglionic implications of Broussais, Nasse and Bucke, are all nosological vestures that cover the same or a similar phrenopathic form, as instinctive, affective, psycho-sensory or moral insanity. The cases of Workman too, though the latter writes potently against the policy and doubts the propriety of the term, are clear illustrations of *psycho-sensory* insanity, in which the disordered or hallucinated feeling dominates the character and morbidly masters the reason and conduct.

The reason may be led astray in moral insanity by the morbid impulses of the individual, just as the feelings of the sane lead to errors of reason or to its wrong use, but this does not destroy the distinctive feature of the mental disease; hence the philosopher Locke's correct observation that the insane do not so much err from wrong reason as from mistaken premises. He had in view those forms of delusional aberration which only were generally recognized in his day as cases of insanity, when hallucinations and illusions associated with the special senses, and delusions associated with or proceeding from them, gave to madness its then accepted distinguishing charac-

teristics. His critical and observant mind did not fail to see that the logical powers of men are not so much wrong in insanity as the perceptions, which are diseased, and mislead the reason.

He was not wholly correct, of course, but he was far from being wholly wrong in his observation, for in most forms of insanity, if we except general mania and total dementia, a considerable degree of correct reasoning power remains to the average insane person. It is the premise that is wrong—the false premise of wrong, and morbidly-engendered special or general perception or feeling, that misleads the judgment and distorts the reason.

In ordinary forms of delusional mania the lunatic reasons from and to his delusions. In moral insanity the false premise is in the changed feeling, as it is in the earlier stages of melancholia; antipathies and wrong impulses arise, sometimes with, and sometimes without, the sanction or concurrence of the reason, and the afflicted individual, accustomed, as most people are, to act according to his feelings or to use his reason chiefly to serve his feelings, changes in character without necessary lesion of the reasoning powers. He may reason wrongly and justify his conduct, but the wrong use of reason is not insanity of the intellect.

Bonfigli, of Ferrara, in 1878 ("Pazzia Morale," *Revista Freniatria e di Medicina Legale*), controverting the statement of his Italian *Confrère*, the distinguished *Tomassia*, "that from the time of Pinel down to the present, the idea of the admission as a distinct phrenopathic form of insanity without delirium, or moral insanity, had made steady progress, and that to-day (1878) only himself (*Bonfigli*) and *Palmerieri* are to be found its opponents, attempted a refutation both of the assertion and the doctrine, in which attempt is revealed the misconceptions entertained by many of the writers cited by him, as well as *Bonfigli's* own misunderstanding of what is claimed for moral insanity, for its advocates do not so much assert for it a distinctive phrenopathic, as a distinguishing and characteristic symptomatic

form, while its frequent final transition into other and well recognized symptomatic forms proves its phrenopathic kinship with, rather than pathological estrangement from, other forms of mental derangement. It is sometimes likewise the prodromal display of a later developed derangement, which Bonfigli would not even deny, and which Leidsdorf and Knop, whom Bonfigli quotes as denying the existence of moral insanity, concede to be a clinical fact. If moral insanity may be the first period of mania or simple lypemania, as Leidsdorf concedes, this is a sufficient concession of the clinical fact. It is the aspect under which asylum physicians are most likely to see true psycho-sensory insanity, for the reason that only in its most aggravated forms of extremely perverted moral activity, with gravely associated intellectual aberration, is it usually seen in asylums, because of the difficulties attending the admission into asylums, and retention there of persons affected with this mental disease in its obscure and less decided forms.

These are the cases which asylum officials sedulously seek to avoid, and when once having them in charge, are eager to let them go, because of the infinite amount of trouble they make, both in and out of their proper life homes—the asylums for the insane.

The distinguished professor of Pavia was nearer correct, in our view, on this vexed question, than the critical physician of Ferrara. The latter's figures may subsequently engage our attention, if our paper should prove not too wearisome, for he is certainly at fault in his estimate of the attitude of the majority of alienists respecting the Prichardean doctrine, particularly in regard to the views of English authorities. An examination of his figures and inferences would give us an opportunity to acquaint ourselves with much of the bibliography of our subject, though it was our intention at the inception of this paper to discuss the subject rather upon its intrinsic merits than to balance the weight of authority.

(To be Continued.)